



THE CITY OF SAN DIEGO

REQUEST FOR TECHNICAL SERVICES PERMIT INFORMATION

Permit information requests cost **\$5.00 per address**. Checks must be made payable to the **“CITY TREASURER.”** Permit information requests are processed on Mondays only.

BUSINESS NAME: _____

YOUR NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

Site Address: _____

Site Address: _____

Site Address: _____

Site Address: _____

Site Address: _____

Report(s) to be: * Mailed _____ Picked-up _____

Please return this form along with your payment to:

FIRE AND HAZARD PREVENTION SERVICES
1010 SECOND AVENUE, SUITE 300
SAN DIEGO, CA 92101

ATTN: TECHNICAL SERVICES CLERK

Documents can be mailed if a stamped self-addressed envelope is mailed to us.

FIRE DEPARTMENT USE

Amount Received: _____

Receipt Number: _____

Initials: _____

Date: _____